

Operation Information

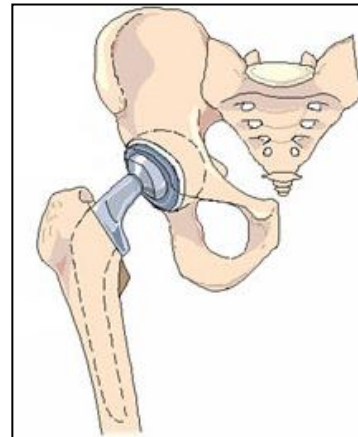
Total Hip Replacement

Introduction

Total hip replacement consists of acetabulum cup, ball head and femoral stem. They are usually made of metal alloy, polyethylene or ceramic.

Indication

1. Osteonecrosis
2. Degeneration arthritis, rheumatoid arthritis or other arthritis
3. Femoral head or neck fracture
4. Others _____



Source:
http://www.ramsayhealth.co.uk/treatments/hip_replacement_surgery.aspx

Procedure

1. The operation is performed under general / spinal anaesthesia
2. Excise damaged joint
3. Insert and fix up the artificial joint

Possible Risks and Complications

1. General Risks and Complications
Heart attack, chest disease, deep vein thrombosis, pulmonary embolism etc. If severe, can be fatal
2. Specific Risks and Complications
 - i) Revision Surgery
 - ii) Wound Infection
 - iii) Bleeding, haematoma, healing problem, scarring
 - iv) Joint dislocation / subluxation
 - v) Fracture, blood vessels damage, nerve damage (e.g. paralysis or numbness)
 - vi) Leg length difference, leading to limping
 - vii) Torsional deformity
 - viii) Wear and loosening
 - ix) Circulatory collapse, related to bone cement implantation syndrome / embolization

** It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing for the operation, you must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. Damage to peripheral organ, severe haemorrhage and leakage after operation, it may require another operation to deal with the complications.

Pre-operation Preparation

1. Your doctor will explain to you the reason, the procedure and the possible complications. Patient will need to sign the consent form.
2. No food or drink is allowed six to eight hours before operation.
3. Nursing staff will assist you to clean the skin and perform shaving if necessary.
4. Change to operation attires and removal of loose objects (e.g. dentures, jewellery, contact lens etc).
5. Empty bladder before surgery.

Post-operation Instruction

1. Follow medical professionals' instructions to prevent dislocation.
2. Deep breathing exercise to prevent lung complication.
3. Exercises of toes and ankles of both lower limbs to prevent venous thrombosis.
4. Start walking exercise when pain improves.

Advice on discharge

1. Avoid excessive hip flexion or crossing of legs to prevent dislocation of artificial joint.
2. Please contact your attending doctor or go back to hospital if you have any excessive bleeding, collapse, severe pain, fever (body temperature above 38°C or 100°F), signs of wound infection such as redness, swelling or stinking discharge etc.
3. Follow up: Please attend the follow-up as arranged.

Alternative Treatment

Conservative treatment including analgesics, modify daily activities, using walking aid for pain relief.

Remarks: Should you have any enquiries, please consult your doctor.

Reference

Hospital Authority – Smart Patient (Website: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

Compiled by Union Hospital Consent Form Taskforce

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification